



City Clerk's Office
300 W. Ash, Rm. 206
P.O. Box 736
Salina, KS 67402-0736
(785) 309-5735

For office use only:

Licensing Year: _____

License No.: _____

**APPLICATION FOR SKILLED TRADE LICENSE
NEW APPLICATION**

NAME (First) (Middle Initial) (Last) PHONE NUMBER

HOME ADDRESS (Street) (City) (State) (Zip)

MAILING ADDRESS (Street) (City) (State) (Zip)

Skilled Trade Type Please Circle ONLY One

Apprentice Plumber

Apprentice Electrician

Apprentice Mobile Home

Apprentice Mechanical

Journeyman Plumber

Journeyman Electrician

Journeyman Mobile Home

Journeyman Mechanical

Master Plumber w/Gas

Master Electrician

Master Mobile Home

Master Mechanical

Apprentice Solid-Fuel Appliance

Journeyman Sheet Metal

Solid-Fuel Appliance Installer

TEST

(Examples of acceptable tests: Thomson Prometric, Exporior, ICC, National Fireplace Institute Woodburning Specialist and Pellet Specialist, etc.)

TEST SCORE _____

**ICC Test Participants – Please complete
employment section on the back of this form.**

DATE PASSED EXAM

CITY AND STATE EXAM TAKEN IN

NAME OF EMPLOYER

PHONE NUMBER

I hereby certify that the above and foregoing information is true and correct and that I have read and understand the requirements applicable to issuance of this license.

PRINT NAME

SIGNATURE

DATE

For Office Use Only

Test/Continuing Education Verified By (copies attached): _____ Good Through 12/31/ _____

Application Approved/Denied by _____ Date approved/denied _____

Fee: Apprentice - \$30.00

Journeyman, Master or Solid-Fuel Installer - \$40.00

Amount \$ _____ Receipt No. _____ Date: _____ Received By: _____

ICC TEST RECIPIENTS ONLY - COMPLETE

Experience Record

NOTE: Only experience gained through the following employment will be acceptable;

- 1. Employment by a contractor in the trade for which testing certification was sought.**
- 2. Any related maintenance experience gained through working under the direction of a master licensed by the City of Salina.**
- 3. Self-employment as the proprietor of a contracting business in the trade for which testing certification was sought.**

Present Employer (if applicable) _____ Date of Start _____

PREVIOUS EMPLOYMENT:

<u>Employed By:</u>	<u>Address:</u>	<u>Dates of Employment</u>

VOCATIONAL OR TECHNICAL SCHOOL ATTENDANCE:

Please list vocational or technical schools attended that could be used for a portion of the experience requirements.
(One year of school is equivalent to 6 months of experience.)

<u>Name of School:</u>	<u>Degree or Certificate</u>	<u>Date Attended</u>